

IT IS ORDERED AND NOTICE IS GIVEN THAT:

(a) The trustee is authorized to compensate the debtor's attorney in the amount requested below without further notice or order if copies are timely served per (b) unless, within 30 days of the "FILED" date, a party files a written objection that sets forth specific grounds for it, with the Clerk of Court, 1001 SW 5th Ave #700, Portland OR 97204. If the amount requested includes fees for work necessary to complete the case, and payment of such fees will have any impact on creditor distributions, the trustee is authorized to compensate the attorney in the amount requested for work necessary to complete the case 21 days after an itemized bill for the additional work is filed and a copy is served on the debtor unless, within 14 days after service, a written objection is filed.

(b) The applicant must comply with all provisions in the court's Notice to Serve Document(s), and must BOTH (1) properly serve a copy of this document, AND (2) FILE a completed "Certificate of Service" using a copy of this document (WITHOUT any attachments).

Trish M Brown
TRISH M. BROWN
U.S. Bankruptcy Judge

UNITED STATES BANKRUPTCY COURT
DISTRICT OF OREGON

In re

-) Case No. _____
-) [ONLY FOR CHAPTER 13 CASES]
-) APPLICATION BY DEBTOR'S ATTORNEY
-) FOR SUPPLEMENTAL COMPENSATION;
-) AND ORDER AND NOTICE THEREON

Debtor(s)

I, the undersigned debtor's attorney, whose address and phone number are _____, apply for additional compensation from the debtor's estate for the period from _____ to _____ in the sum of \$_____ (which is not less than \$500 unless this is a final application, and which, if this is a final application, includes \$_____ in anticipated additional fees to complete the case), per the attached itemized billing summary.

I CERTIFY THAT:

1. This (**Check One**) IS IS NOT my final application for compensation in this case.
2. I have previously been awarded a total of \$_____ . If granted, the total approved compensation amount will be \$_____ .

3. My Disclosure of Compensation shows the debtor(s) and I agree to:
 Schedule 2 Schedule 3.

4. My previous application for compensation (i.e., either the original compensation disclosure or a supplemental application) was filed on _____, which is more than six months from the date of this application unless this is my final application.

5. **Allowance of this application will require that the distribution to creditors be reduced, the debtor pay more, or a combination of the two. Even if the distribution to creditors is not reduced, payments to creditors may be delayed**, sometimes for an extended period. If the debtor must pay more, the debtor will either be required to make additional or increased plan payments. If you want to know what impact the allowance of this fee application will have on you, you should contact the attorney whose contact information is above. The attorney is required to explain the impact on you of the allowance of the additional compensation within seven days after you request the information.

6. Applicant will file a modified plan within 28 days of allowance of the compensation requested in this application if the allowance will otherwise require plan modification.

7. Applicant declares that, except as explained below, the minimum time billed is not in increments that exceed .1 hour (6 minutes), and that any time spent working on multiple matters concurrently has been allocated between those matters so that total billings do not exceed the actual time spent:

DATE: _____

Debtor's Attorney

STOP: BEFORE SERVING COPIES, SUBMIT THE MOTION TO OBTAIN A JUDGE'S ORDER!

CERTIFICATE OF SERVICE

I certify that on _____ a copy of this application and order thereon (without attachments unless the order requires service of an economic impact statement on the debtor), and any Notice of Hearing prepared by the court per the judge's order, were served on the debtor, and, if amounts requested and anticipated exceed \$1,000, on all creditors who filed claims and entities that filed a request to receive all case notices.

Signature & Relation to Applicant

Kuni Donaldson LLP
1975 SW First Avenue
Suite H
Portland, OR 97201

Case# 13-33520-tmb13

Michael Spitalski
9144 SE Emily Park Way
Happy Valley, OR 97086

Date: 6/01/2015

Regarding: Spitalski, Michael & Lisa
Invoice No: 01267

Services Rendered

Date	Staff	Description	Hours	Rate	Charges
1/07/2014	LLD	Review email from Michelle B regarding supp fee app; draft responsive email regarding delay in payments to OnPoint.	0.15	\$250.00	\$37.50
3/06/2014	LLD	Telephone conference with Mike regarding siding issue on home and cost of repair, discuss budget; notes to file.	0.40	\$250.00	\$100.00
4/16/2014	LLD	Telephone conference with Lisa regarding tax return and issue with identify theft; draft note to file; draft email to Trustee's office with explanation.	0.15	\$250.00	\$37.50
7/23/2014	LLD	Draft ltr re 2013 tax returns, paystubs, charitables and Trustee's request to client; document deadline in file.	0.25	\$250.00	\$62.50
9/17/2014	LLD	Draft letter to Spitalski's re step payment beginning October.	0.15	\$250.00	\$37.50
9/17/2014	LLD	Draft amended wage order, file with court.	0.10	\$250.00	\$25.00
10/27/2014	LLD	Draft email to Michael and Lisa regarding the 2007 Chevrolet motor vehicle insurance and OnPoint's request for verification.	0.10	\$250.00	\$25.00

10/27/2014	LLD	Draft responsive email to Kathy at OnPoint.	0.05	\$250.00	\$12.50
11/01/2014	LLD	Review f/u email from Kathy at OnPoint, draft email to Lisa with request for update on insurance coverage.	0.05	\$250.00	\$12.50
12/19/2014	LLD	Draft letter to Michael and Lisa regarding Trustee requested tax returns, charitables information.	0.15	\$250.00	\$37.50
1/13/2015	LLD	Review tax returns for 2013 from Lisa; draft email to Trustee's office with redacted returns	0.15	\$250.00	\$37.50
1/13/2015	LLD	Draft email to Lisa regarding 2013 tax returns, refunds, charitable contribution information and payment of refunds into plan, bonuses and overtime.	0.10	\$250.00	\$25.00
1/16/2015	LLD	Review 2013 and 2014 paystub and draft analysis; draft email to Lisa regarding increased income and reporting to Trustee.	0.45	\$250.00	\$112.50
3/05/2015	LLD	Draft email to Lisa regarding potential inheritance and estate planning.	0.10	\$250.00	\$25.00
				Total Fees	<u>\$587.50</u>
		Total New Charges			<u>\$587.50</u>

Balance Due \$587.50

Staff Summary

Name	Hours	Rate
Laura L Donaldson	2.35	\$250.00

JCK - Jonathan C. Kuni
LLD - Laura L. Donaldson
RS - Rory Schellinger

BILLING CODES:

CSP = Correspondence
TCW = Telephone consult with
PCT = Placed Call to
LM = Left Message
OCWC = Office Consult with Client
RCC = Return Call To Client
BK = Bankruptcy